

## Plan of Study, Master's Plan A

Name \_\_\_\_\_ Date \_\_\_\_\_

Advisor/Temporary Advisor \_\_\_\_\_ Expected Date of Degree \_\_\_\_\_

For more information about required courses and options, please refer to:

<https://entomology.osu.edu/sites/ent/files/imce/images/RevisedGradCurriculum14Aug2017.pdf>

**A. Required Courses for Graduate Credit (Must be = 19 Entomology course credits;  
Minimum total credits to graduate = 30; 80% classes taken at OSU):**

			<u>Credit Hours</u>	<u>Sem/Yr. to be taken</u>	<u>Sem/Yr. completed</u>	<u>Grade</u>
Evolution & Diversity of Insects	ENTMLGY	6210	4			
Insect Physiology & Molecular Biology	ENTMLGY	6310	3			
Experimental Insect Physiology & Molecular Biology	ENTMLGY	6320	1			
Insect Ecology & Evolutionary Processes	ENTMLGY	6410	3			
The Nature & Practice of Science	ENTMLGY	7910	2			
Presentation Skills for Scientists	ENTMLGY	7920	2			
Scientific Writing & Grant Proposal Development	ENTMLGY	7930	2			
Research & Training Seminar	ENTMLGY	8800	1			
Research in Entomology	ENTMLGY	8999	varies			
Entomology Seminar	ENTMLGY	8000	1			

**Data Analysis or Experimental Design** (minimum of 2 credit hours)

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**Guidelines for number of credit hours per term:**

Program	Position	Term	Minimum required by Graduate School	Recommended by Department of Entomology
Masters	Graduate Teaching (GT) and Research Associates (GA)	autumn or spring	8	16
		summer	4	8
	Graduate Fellow	autumn or spring	12	16
		summer	6	8

**B. Additional Courses for Graduate Credit**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**C. Essential Non-Credit Courses**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. Other Non-Credit Requirements**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. Signatures of Student and Advisory Committee. Print or Type Name of Student and Committee Member Under Signatures.**

Student \_\_\_\_\_ Advisor \_\_\_\_\_

(typed) \_\_\_\_\_ (typed) \_\_\_\_\_

Advisory Committee Signatures:

_____
_____

Graduate Student Chair Signatures:

Date:

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